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Memorandum

ICRCR Legislative Authorization

To: ICRCR Board
c/o John F McCally
Chief Operating Officer
International Clinical Research Center of Rwanda

From: Benjamin Meier

CC: Montse Ferrer

Date: May 10, 2009


Re: ICRCR Public Health Comparative Law Final Project Report

In accordance with our project to consult in the development of Rwandan national legislation to authorize the International Clinical Research Center of Rwanda (ICRCR), this final memorandum seeks to prepare the ICRCR Board for the drafting of the legislation authorizing its legal creation. This memorandum looks at Sub-Saharan efforts to enact laws to create national health research coordinating bodies, analyzing the best practices of these laws. Section I provides background on the objectives of this project and public health analyses completed to date. Section II provides an overview of current regulatory frameworks for health research coordinating bodies. Section III analyzes the best practices for these frameworks. Section IV outlines a model law to authorize the ICRCR, including in an appendix a template of key provisions to guide the development of Rwandan legislation.

I. Background

Clinical research is a critical part in Rwanda's continuing science and health agenda. First, clinical research connects Rwandan scientists with renowned researchers from across the globe and leads to improved research capacity and public health systems. Second, clinical research brings necessary financial and human resources to the Ministry of Health, facilitating the improvement of health care in Rwanda. Finally, partnerships between international researchers and their Rwandan counterparts ensure that the country participates in the development and benefit of cutting-edge medical treatments.

With strong support and commitment from President Kagame, academic institutions, and pharmaceutical concerns, ICRCR is well positioned to provide



oversight over how research is approved, conducted, and monitored in Rwanda, improving both the quantity and quality of clinical research. In order for ICRCR to fulfill these functions, Rwanda needs to enact a law that will legally authorize the existence of this national health research coordinating body. The first step to passing this law is drafting a bill that will be introduced in the Rwandan Parliament.

This memorandum seeks to guide ICRCR in designing and drafting this bill. As such, this memorandum will review other Sub-Saharan laws that have led to the enactment of national health research coordinating bodies. It will also present the best practices of these coordinating bodies, selecting the types of structures and formats that have facilitated national coordinating bodies in successfully coordinating health research efforts and addressing the needs of various affected sectors.

II. Overview


In attracting and sustaining research and development funding for public health projects, the Council on Health Research for Development argues that Sub-Saharan African countries must invest in the health research needed to localize health solutions, to identify priorities for research and to optimize the use of scarce health resources. In order to do so, national health research coordinating bodies need to be created in a way that will maximize functional efficiency in attracting research and framing the coordination of health systems.

A. Type of Coordinating Body

National health research coordinating bodies have developed in either a comprehensive or disease-specific fashion. Bodies that are comprehensive in nature coordinate all national research efforts regardless of disease or target population. For many countries lacking national health research coordinating bodies, however, there exist coordinating bodies that focus on one or more specific diseases. The most recent international consensus on the development of national disease-specific health research coordinating bodies has been memorialized by the Global Fund. These disease-specific Country Coordinating Mechanisms (CCMs) create country-level partnerships to develop and submit grant proposals to the Global Fund based on priority needs at the national level. With representatives from both the public and private sectors—including governments, multilateral or bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases—CCMs oversee all progress during implementation of the research projects and provide readily accessible models for ICRCR. This memorandum will focus on both types of coordinating bodies, with a special emphasis on the model developed for Global Fund CCMs.

B. Legislation

Although many countries have not promulgated laws to codify coordinating bodies (with a Global Fund representative informing us that few



countries have used any formal legal tool to enact CCMs), the existing laws have been designed in one of two forms: a general law that authorizes a ministry to create institutions such as research committees or a specific law that provides for the creation of a national health research coordinating body.

An example of the first type of general law is the 2001 Kenyan Science and Technology Act, which allows for the creation of “Advisory Research Committees.” Delineating the provisions of any research committee created under its authority, the Science and Technology Act enumerates the functions, tasks, members, and management of the members of these Advisory Research Committees. Although the Kenyan Act includes the names of the specific authorized Research Committees as well as the areas of research, the law is intended to be general, such that the included provisions can apply to any research committee created under the Act. As a general law, the Act allows the Minister to create a new Research Committee without the need to enact a separate law while ensuring that there will be consistency among the created research committees. Despite this consistency, however, such a general structure may be problematic in situations where a research committee needs to change its objectives or internal structures but cannot because of the Act’s uniform provisions.

The second type of specific law is one that explicitly creates in law the national health research coordinating body. The countries that have enacted such laws apply similar formats: the text of the authorizing legislation explicitly incorporates the objectives, functions, internal structure, and membership of the coordinating body. For example, the 1990 Uganda National Council for Science and Technology Act incorporates the by-laws of the Council, creating in law (1) the establishment, functions, and powers of the Council, (2) the composition and meetings of the Council, and (3) the committees of the Council.

Although Sub-Saharan African countries have not authorized Global Fund CCMs via laws, other countries, such as the Russian Federation and Peru, include in law the objectives of the CCM, its tasks, activities, and structure, and the format of the meetings. By restating the bylaws of the coordinating bodies in law, these national examples provide language instructive to the Rwandan case. Best practices of these and other cases are analyzed in the sections that follow.

III. Best Practices

Analyzing national laws that have created national health coordinating bodies analogous to ICRCR, the following sections present the practices and frameworks that best served the respective coordinating bodies in mobilizing resources, implementing relevant programs, reaching out to the needs of the wider public, and coordinating national and regional research efforts. In order to more effectively design a law that will enact and authorize the ICRCR, the best practices of these coordinating bodies will be addressed in the following sections:

- supporting entity,
- objectives,
- internal structure,
- size and makeup,
- meetings, and
- criteria for approval of research projects.

This disaggregated analysis will assist ICRCR in establishing its internal structure as well as the appropriate national legislation to authorize its national coordination efforts.


A. Supporting Entity

National health research coordinating bodies are supported by one or a combination of three entities:

- the government, such as the Ministry of Health;
- an academic institution, such as a university or private research institute; and/or
- a private-public partnership, such as the Global Fund and its private sponsors.

Although the coordinating bodies' objectives and functions tend not to vary based on the supporting entity, such supporting entities determine the coordination body's membership and internal procedures. Specifically, coordinating bodies sponsored by private-public partnerships tend to include members representing a wide array of government, civil society, and private institutions, whereas those sponsored by academic or government institutions tend to be more limited as to their membership.

The financing sponsor often determines the membership and internal procedures of the coordinating bodies, as well as the degree of transparency in the allocation and consideration of research proposals. Addressing this sponsorship, many governments have sought to respond to concerns that external funding agents may determine the priorities of the coordinating bodies if the national actors are dependent on external funding. These governments, such as in Cameroon, have attempted to ensure that the sponsoring actors, despite their funding, do not have excessive control within the membership of




the coordinating body. Taken to the other extreme, governments have also sought to create coordinating bodies that become independent (albeit still related to the government). For example, the Ghana Health Service Unit views its independence as ensuring that staff have a greater degree of managerial flexibility to carry out their responsibilities than would be possible if they remained wholly within the civil service. Among the sponsorship of independent coordinating bodies, governments have sought a strong international presence—in the form of an NGO or UN-based agency—to provide wider access to international partners and forums to share needs and views.

B. Objectives of Coordinating Body

The objectives of the public health research coordinating bodies vary by country but fall under one of the following categories:

1. **Review and Accept Research Proposals**
 - a. Approve and endorse submitted proposals.
 - b. Survey and register accepted projects.
2. **Monitor and Evaluate Research Programs**
 - a. Monitor and evaluate the implementation of activities for approved programs, including the subsequent approval of major changes in implementation plans.
 - b. Review and endorse quarterly programmatic progress reports.
3. **Coordinate and Administer Research Funds**
 - a. Attract, manage, and facilitate the distribution of those funds allocated to public health research projects.
4. **Serve as National Forum on Public Health Research**
 - a. Function as forum for the interaction and discussion among all relevant participants, including the government, civil society, academic institutions and the private sector.
 - b. Promote multi-sectoral approaches to research.
5. **Publish Information Regarding Public Health Research**
 - a. Disseminate information on approved research programs to relevant ministries, agencies, donors, recipients, and society-at-large.
 - b. Compile periodic reports on the activities of the coordinating body.
 - c. Establish and operate a system of documentation on any aspect of the related clinical research.
6. **Maintain Relationships with National and International Public Health Organizations**
 - a. Maintain a liaison with international and foreign bodies or organizations with similar interests.
 - b. Establish and maintain links with professional bodies and centers of excellence to enhance the quality of its role as a facilitator of national and international collaboration.
7. **Other**
 - a. Carry out independent research in priority areas to improve public health through more effective control of relevant diseases.

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- b. Follow research programs being carried out outside of the country in question.
 - c. Promote and encourage research relevant to national needs.
 - d. Encourage human resource development by funding research fellowships and postgraduate training.
 - e. Establish a system to document clinical research findings developed within the country.

C. Structure of Coordinating Body

Likewise, governments have developed varied frameworks to govern how a coordinating body is internally structured, what type of leadership is necessary for effective governance, what substantive committees can be created, and how these committees will develop specialization to offer specific guidance on key issues.

1. General Structure

Most coordinating bodies include:

1. An Executive Board (or equivalent) made up of:
 - a. Chair (or equivalent);
 - b. Executive Vice Chair (or equivalent);
 - c. Vice-Chairs; and
 - d. Secretary.
2. A Secretariat composed of at least an:
 - a. Executive Secretary;
 - b. Technical Manager;
 - c. Technical Officer; and
 - d. Financial Officer.
3. Committees (standing and/or temporary) which include members from within and/or outside the Executive Board and Secretariat on such substantive topics as:
 - a. Monitoring & Evaluation of Projects;
 - b. Internal Evaluation;
 - c. Communication;
 - d. Finance & Administration;
 - e. Research Promotion;
 - f. Information Technology;
 - g. Public Relations;
 - h. Review & Selection.

2. Committees

In carrying out their work, the Executive Board may establish standing committees and/or temporary committees under the following procedures:

- Each committee shall conduct tasks assigned to it by the Executive Board of the coordinating body.

- The composition of each committee shall be determined by the Executive Board.
- Each committee chair shall be chosen by the Executive Board.
- Each committee shall regularly report on its work to the Executive Board of the coordinating body.

D. Size and Makeup of Coordinating Body

The ideal membership structure is one that represents a wide array of actors, private and public, but still remains a manageable number of individuals in the body, allowing for efficiency and substantive expertise. As the specific size and makeup of the national health research coordinating body determines its activities, the ability of the coordinating body to perform its objectives successfully will depend on its size and the diversity and equal distribution of seats within the membership of a Board.


1. Size

To create efficiency of internal procedures, the coordinating body must be of a manageable size. The surveyed coordinating bodies range from 10 members (e.g. Research Council of Zimbabwe) to 30 members (e.g. Joint-Interagency Coordinating Committee in Kenya). Although there is no consensus on what number of members will lead to a more successful functioning of the coordinating body, practices suggest having between 15 and 25 members.

2. Diversity

More important than size, these bodies must represent a diversity of perspectives, distributed to assure meaningful contribution. Many national health research coordinating bodies lack diversity within their membership, as they include only representatives from select agencies in the public or private health sector. For instance, coordinating bodies that are sponsored by educational institutions, such as the Noguchi Memorial Institute for Medical Research at the University of Ghana, tend to include mostly professors and researchers. Furthermore, coordinating bodies sponsored by the government, such as the Health Research Unit at the Ministry of Health in Botswana, include representatives largely made up of governmental officials.

Despite consensus on the benefits of diversity—allowing for a more efficient flow of information and communication—few coordinating bodies are composed of representatives from both the private and public sector, including the government, civil society, international NGOs, and pharmaceutical companies. Without the communication brought about by diversity in of Board membership, overlapping systems have led to the misuse of resources as similar projects are replicated without the Board’s knowledge. For example, in Cameroon, three ministries are primarily involved in health research activities—the Ministry of Public Health, the Ministry of Animal Husbandry and Fisheries, and the Ministry of Scientific Research—with these ministries replicating each others efforts in the absence of coordination and communication. In addition, a Board that is not



diverse in its membership, or that allocates more seats to one type of member than another, can lead to research priorities being set solely by interested parties instead of collaboratively across institutions. This has become a problem in many Sub-Saharan countries, where international private and public donors dominate the Board and thus exercise predominant control over the coordinating body's agenda.

In diversifying a Board to avoid this conflict, it is necessary to institutionalize diversity, with an equal number of distributed parties representing each sector and its constituency.

Diversity in many of the new coordinating bodies in Sub-Saharan Africa has translated into involving civil society representatives in the coordinating bodies. Because most coordinating bodies created between 1970 and 2000 did not include civil society representatives, the Global Fund created the CCM model to more successfully forge partnerships between civil society, the government, and the private sector, finding that greater civil society participation in the CCM is correlated with better CCM performance (performance defined as a combination of successful mobilization of resources and implementation of programs; extensive coordination between national and regional efforts; multiple links to a variety of stakeholders; and openness and transparency of the coordinating body). Based upon Global Fund findings and national experiences, a helpful guide to membership distribution would include approximately: 30% government; 25% civil society; 20% multilateral and bilateral agencies; 15% private sector; 10% academic and research institutions. (This membership range will vary by country, depending on the institutions that exist and are involved in national health research.) In this allocation, non-governmental sectors should possess an equal voice and vote in the internal decision-making process of the coordinating bodies.

E. Meetings of Coordinating Body

Successful coordinating bodies emphasize the need to meet regularly, in particular during the first years of operation. Although the number of meetings will vary depending on the coordinating body, the legal minimum is often set for at least one meeting per month for the Executive Board, with an internal daily operation of the Secretariat and regular meetings for the standing and/or temporary committees. In crafting such legal meeting requirements, it is important to consider whether any of the meetings will be open to the public or will include guests invited to address specific issues relevant the substantive issues of the meeting's agenda. Consensus has developed that public meetings are important in allowing for (1) wider dissemination of public information, (2) greater access from civil society actors who have no formal representation, (3) improved transparency, (4) enhanced oversight through external checks, and consequently, (5) increased legitimacy as a public institution. Although diminished confidentiality and potential conflicts between external and internal views may discourage public access to the Board meetings, governments have developed meeting designs that alleviate these problems, opening only select meetings/issues to the public and allowing differing interests to inform the Board on issues while not participating in internal decisions.



F. Criteria for Approval of Research Proposals


In evaluating research proposals, governments have established coordinating bodies with a formal set of criteria and scoring system to select the public health research proposals that will be authorized. Either in the authorizing law for the coordinating body or established by way of regulation, coordinating bodies take into consideration the following as possible criteria:

1. Effect on national population and resources;
2. Feasibility with respect to implementation plan and management;
3. Potential for sustainability;
4. Ethical standing based on internal and national ethical criteria;
5. References for applying entity; and
6. Government relationship, if any, with applying entity.

G. Other

Most coordinating committees include the responsibilities of the members of the Executive Board, Secretariat, and Committees. These must be defined internally, but are regularly limited in law in considering:

1. Terms of office;
2. Conflict of interest;
3. Confidentiality;
4. Administration of finances.



Appendix: Model Law

The Model Law presented below should serve as the basis for the law that needs to be passed in the Rwandan Parliament to authorize ICRCR in law. This model is based on the traditions of Rwandan law as well as on the laws used by Sub-Saharan countries to enact their respective national clinical research coordinating bodies. The specific terms and provisions should be decided by the Executive Board but should follow from the overall structure included below.

Appendix: Model law - National Health Research Center Act

Chapter 1. DEFINITIONS, ESTABLISHMENT, HEADQUARTERS & OBJECTIVES

Article 1

This Act may be cited as the National Health Research Center Act, 2009, (Act) and shall come into operation on such date as the Minister of Health may, by notice published in the official national *Gazette*, establish it.

Article 2

Wherever used in this Act:

the term “**Board**” means the Executive Board for the Center established under Article 6;

the term “Center” means the National Health Research Center established under Article 1 of this Act;

the term “**civil society**” means organizations, or representatives of organizations, that are voluntary and that are involved in enriching public participation, such as professional associations, religious groups, labor unions, and citizen advocacy organizations;

the term “**development partners**” means institutions that seek to provide advice and financial support to countries with such need, such as the United Nations Development Fund, the World Health Organization, the Global Fund, and the United States Agency for International Development;

the term “**financial year**” means the year that begins with the date when this Act comes into operation and may be of a period longer or shorter than twelve months;

the term “**member**” in relation to the Board means a member of the Board and includes the Chairperson and Vice-Chairperson;



the term “**Minister**” means the Minister responsible for health.

Article 3

(a) This Act establishes the National Health Research Center (Center) which shall be a body corporate in that name, with perpetual succession.

(b) The Center has legal personality such that it may be sued and can sue in its corporate name, and subject to this Act may do and suffer all other things and acts as bodies corporate lawfully do or suffer. It may be capable of holding, purchasing, or acquiring in any other way, any movable or immovable property, and of disposing of any of its property.

(c) The headquarters of the Center is in the capital [or alternative city] of [Country].

(d) Upon request by the Executive Board, a ministerial order of the Supervising Minister shall establish representatives of the Center in other parts of the country.

Article 4

(a) The functions of the Center shall include:

- (1) reviewing and accepting research proposals
- (2) monitoring and evaluating research programs
- (3) coordinating and administering research funds
- (4) serving as national forum on public health research
- (5) publishing information on public health research
- (6) maintaining relationships with national and international public health organizations

Chapter 2. MEMBERSHIP & ORGANS OF ADMINISTRATION

Article 5

(a) The Center shall be composed of the following organs:

- (1) The Executive Board;
- (2) The Secretariat; and



(3) Committees.

Article 6 - The Executive Board

The Executive Board is the supreme organ of the Center. In exercise of its responsibilities, the Executive Board shall take all decisions relating to its functions detailed out in the Act.

Article 7 - Functions

(a) The Board shall have the following functions:


- (1) to monitor the implementation of the Center's objectives;
- (2) to advise Government on policies and programs relating to human resource development and capacity building;
- (3) to ensure follow up and results by monitoring and evaluating research programs based on the Center's goals and objectives;
- (4) to approve the appointment of the members of staff who are not appointed by any other organs;
- (5) to approve the appointment of technical experts and their remunerations;
- (6) to examine and approve annual plan of actions and budget for the Center;
- (7) to examine and approve annual activity and financial reports;
- (8) to examine and approve the draft bill of the internal and regulations for the Center to be established by the Prime Minister's Order.

Article 8 - Membership

(a) The membership of the Board shall consist of no more than twenty-five (25) members and no less than fifteen (15) members appointed by the Minister on the recommendation of the various public health institutions and other related bodies. They shall serve a term of office of three years, with a possibility of renewal.

(b) The membership shall be composed roughly of:

- (1) 30% government officials;

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- (2) 25% civil society representatives;
 - (3) 20% development partners;
 - (4) 10% academic and research institutions;
 - (5) 15% private sector.

(c) The membership shall include a Chairperson, a Vice-Chairperson, and an Executive Secretary.

(d) The Executive Board shall have the powers to remove the Chairperson and Vice-Chairperson from office before expiry of their term of service when proved incompetent.

(e) Upon request of one third (1/3) of its members, the Board may decide to remove the Chairperson or the Vice-Chairperson from office. Such meeting shall be convened and presided over by the Minister of the supervising Ministry.

Article 9 - Meetings


(a) Meetings of the Board shall be held at least once every three months as well as whenever deemed necessary.

(b) The ordinary Board meeting shall be convened by a written notice ten (10) business days before the date of holding the meeting and shall be presided over by the Chairperson. Notice of the time, place, and the agenda of every meeting of the Board shall be served by the Executive Secretary on every member of the Board either personally or by delivering to his or her principal place of residence or business.

(c) In case of his or her absence, the Chairperson shall be replaced by the Vice-Chairperson.

(d) In the event the Chairperson or the Vice-Chairperson do not convene the meeting as required under the law, it shall be convened and presided over by a member of the Board upon request by the Board's members.

(e) There shall be an open national forum of all stakeholders to be held at least once a year to disseminate information on the activities of the Center.



(f) Non-Center members from the various constituencies may be admitted as observers at quarterly Center meetings.

(g) The Board shall, whenever deemed necessary, invite any person(s) to provide advisory services.

Article 10 - Voting Procedures

(a) Decisions shall be made by consensus, unless otherwise specified.

(b) Two thirds (2/3) of the Board, including the Chairperson, shall form a quorum at every meeting of the Board. In cases where less than a quorum are present at the meeting, no decisions shall be made.

(c) Majority of votes means more than half of voting members present at the meeting. Two thirds (2/3) means two thirds of voting members present in the meeting.

(d) Absentee members shall not vote.

(e) Election of all members and officers shall be made by secret ballot.

Article 11- The Secretariat

The day-to-day administration of the Center shall be ensured by the Secretariat.


Article 12

(a) The Secretariat shall function:

- (1) to assist the Board in monitoring and evaluating research proposals being implemented;
- (2) to coordinate efforts and communication with donors, development partners, civil society institutions, business partners, health organizations and any other entity that is relevant to the Board's work;
- (3) to prepare and organize public health events for the general public;
- (4) to administer the process of evaluation of research proposals;
- (5) to administer the implementation of research proposals.

Article 13

(a) The Board shall elect the Chief Executive Officer, who will manage and oversee the Secretariat.



(b) The Chief Executive Officer shall be the Executive Secretary to the Board and serve as the liaison between the Secretariat and the Board.

(c) Upon a two thirds (2/3) decision of the Board, the Chief Executive Officer may be removed from office.

Article 14

(a) The Chief Executive Director shall have the following specific duties:


- (1) to follow and monitor the implementation of the Center's objectives;
- (2) to follow up and monitor the day-to-day management of the Center's assets, finances and human resources;
- (3) to implement decisions taken by the Board;
- (4) to serve as Executive Secretary to the Board, and as such, prepare the Board's meeting minutes;
- (5) to prepare the Center's strategic plan and annual action plan and budget and to submit it to the Board for approval;
- (6) to prepare annual activity and financial report for the Center;
- (7) to serve as a legal representative of the Center;
- (8) to represent the Center in local and international fora;
- (9) to carry out any other duties related to the mission objectives of the Center, as assigned to him or her by the Board of Directors.

Article 15 – Staff

(a) The Executive Director, upon advice of the Board, shall select such officers and employees as necessary for the efficient discharge of its functions.

(b) The Secretariat shall include, but is not limited to:

- (1) A technical manager;
- (2) A financial officer;

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- (3) A project coordinator;
 - (4) An administrative assistant.

Article 16 – Committees

The Center shall set up standing Committees, and/or temporary committees, as needed to deliberate, recommend, and advise on specific issues of concern.

Article 17

(a) The following standing Committees shall be constituted under the Center:

- (1) Review & Selection
- (2) Monitoring & Evaluation of Projects;
- (3) Internal Evaluation;
- (4) Communications & Public Relations;
- (5) Finance & Administration;
- (6) Research Promotion;
- (7) Information Technology;
- (8) Disease-Specific.

Article 18

(a) Each Committee shall conduct tasks assigned to it by the Board and make recommendations to the Board.


(b) Each Committee shall regularly report on its work to the Executive Board.

Article 19

(a) Each Committee shall not have more than fifteen members.

(b) Each Committee shall have a Chair, who shall be the chief administrative officer of that Committee and shall, for that purpose, be answerable to the Board.

(c) Each Committee Chair shall be chosen by the Executive Board by a 2/3 vote.



(d) Members of a Committee may be members of the Board, but the Committee Chair shall be a Board member.

Article 20 - Ethics Committee

(a) The Center shall create an Ethics Committee or shall cooperate with an already-existing committee that is responsible for reviewing and monitoring the ethical implementation of national public health research.

(b) If an Ethics Committee, or its equivalent institution, does not operate in the country, the Board, upon the advice of the Minister, shall enact an Ethics Committee that shall oversee all research ventures in the country.

Chapter 3. FINANCIAL PROVISIONS

Article 21

(a) The Chief Executive Director shall supervise all financial activities of the Center.

(b) The Internal Evaluation Committee shall oversee the Chief Executive Director in his role as coordinator and manager of the Center's funds, the remuneration of services, and any other financial activities of the Center.

(c) The Board may, for any cause, request the Chief Executive Director to submit financial reports on any issue of importance.

Article 22


(a) The Secretariat Staff shall be entitled to remuneration.

(b) No remuneration or fees, except such allowances for expenses as may be expressly authorized by the Minister, shall be paid to any member of the Board who is a public officer.

Article 23 – Funds of the Center

(a) The funds and resources of the Center shall consist of:

(1) such sums as may be provided by Parliament for the purposes of the Center;

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- (2) such sums or property which may vest in the Center under this Act or any other written law or which may vest in the Center in any other manner in the performance of its functions;
 - (3) such sums which may vest in the Center by donation, public or private;
 - (4) such sums which the Center shall receive as fees for any services rendered by it.

Article 24 – Borrowing Powers

The Board may, with prior approval of the Minister and the Board, borrow moneys from the purposes of the Center by way of loan or overdraft, and upon such security and such terms and conditions relating to the repayment of the principal and payment of interest as the Board may deem fit.

Article 25


- (a) The Board shall, three months before the end of the financial year, make and submit to the Minister for his or her approval estimates of the income and expenditure of the Board for the next financial year.
- (b) The Minister shall submit to Parliament the estimates of the Board within three months after receiving the estimates from the Board.
- (c) No expenditure shall be made out of the funds of the Board unless the expenditure has been approved by the Minister and the Parliament. In the event that Parliament does not convene or cannot come together to agree, only approval from the Minister will be necessary.

Article 26 - Audit

The annual statement of expenditures of the Board shall be audited within four months after the end of each financial year by the Auditor General or an auditor appointed by him or her who shall be given access, if required, to all financial statements and documents necessary for such audit.

Chapter 4. INTERNAL PROCEDURES

Article 27 - Criteria for Approval of Research Proposals



(a) The Executive Board shall decide what procedure is appropriate to approve research proposals.

The Board will have to vote anonymously and unanimously for such proposal to be enacted.

(b) The criteria for approval of research proposals must be made public.

Article 28 – Conflict of Interest and Confidentiality

Board members and Committee members shall not review proposals or directly contribute in the evaluation of research proposals from which they directly or indirectly benefit, or that in any such way create a conflict of interest.

Chapter 5. FINAL PROVISIONS

Article 29

This Act may only be modified by Parliament.

Article 30

All previous legal provisions contrary to this law are hereby repealed.

Article 31

This law comes into force from the day of its publication in the official national *Gazette*.

Kigali, on XX/XX/XXXX